

BIRTH NO.		REG. DIST. NO. 309		PRIMARY REG. DIST. NO. 6000		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Portage Des Sioux		c. LENGTH OF STAY (in this place) DOA		c. CITY OR TOWN Jennings 4000		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Venetian Harbor				e. STREET ADDRESS (If rural, give location) 5928 Helen			
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) Joseph		c. (Last) Malvagna	
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Oct. 26, 1921	
9. AGE (In years last birthday) 35		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Car Shop Saint Louis, Mo.		11. BIRTHPLACE (City and State or Foreign Country) 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Malvagna		13b. MOTHER'S MAIDEN NAME Margaret Viola		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W.#2, Korea		17. INFORMANT'S SIGNATURE OR NAME 489-16-8766		ADDRESS Melvin Buerman, 7101 W. Florissant	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental drowning  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mississippi River		21c. (CITY, TOWN, OR TOWNSHIP) Portage des Sioux		(COUNTY) St. Chas. (STATE) Mo.	
21d. TIME OF INJURY June 24 1957 6:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell out of boat.			
22. I hereby certify that I attended the deceased from 6/26/57, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) 2				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE June 28, 1957		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery Saint Louis Co., Mo.	
24d. LOCATION (City, town, or county) (State)				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1957

JUL 17 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 486

P. O. Address St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.